

**CITY OF TAYLORSVILLE**  
**WATER & SEWER DEPARTMENT**

**WATER & SEWER SERVICE AGREEMENT**

This is an agreement entered into this the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_, by and between the City of Taylorsville (Water Dept.), hereinafter referred to as the "City" and \_\_\_\_\_, hereinafter referred to as the "Customer and/or Owner". This agreement shall be deemed as a binding contract between the City and the Customer/Owner.

I, \_\_\_\_\_, request the City to furnish water and/or sewer service to said address and hence agrees to receive service and pay in full for services rendered in accordance with the City's standard rules and rates, as filed per Ordinance.

Upon the request for water service, the Customer assumes full responsibility for water services rendered and accepts ownership of *water service metered*. In the event that the Owner of said *water service meter* chooses to lease/rent establishment, the Owner shall remain responsible for any unpaid fees created by lessee/renter. If water service is discontinued for non-payment, all fees must be paid in full before water service shall resume.

**Disclaimer:** *The City shall not be responsible for any portion of the customer's service line beginning at the outlet port of meter including connection.*

\_\_\_\_\_  
**Customer's Name:**

\_\_\_\_\_  
**S.S.#**

\_\_\_\_\_  
**Spouse's Name:**

\_\_\_\_\_  
**S.S.#**

\_\_\_\_\_  
**Service Address:**

**Account No:#** \_\_\_\_\_ **Amt Rec'd** \_\_\_\_\_

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**City Representative**

**CITY OF TAYLORSVILLE**

**WATERWORKS**

**CUSTOMER FORM**

Account # \_\_\_\_\_

Customer (s) Name: \_\_\_\_\_

Date in \_\_\_\_\_

Phone # \_\_\_\_\_

Cust Type \_\_\_\_\_

Cycle # \_\_\_\_\_

Street Address of Service: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Other:

Driver's License \_\_\_\_\_ S S Number \_\_\_\_\_

Work Phone # \_\_\_\_\_ Fax/Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Are you: The owner? \_\_\_\_\_ The Tenant? \_\_\_\_\_ Owner's Name \_\_\_\_\_

New customer (s) may give either his/her driver's license or social security number for the account. If two persons are responsible for the account, both names should be given when the account is started and deposit is paid. Account number, customer type and cycle number will be assigned by office.

Total amount to begin service: \$130.00

\$100.00 for deposit and \$30.00 activation Fee

**\*\*\*\*\*For Office Use Only\*\*\*\*\***

**Reading** Beginning /Final Rdg \_\_\_\_\_ Date \_\_\_\_\_

**Deposit** Amount \_\_\_\_\_ Refundable amount \_\_\_\_\_ Date \_\_\_\_\_

Receipt # \_\_\_\_\_

**Handheld** Location DS (MXU#) \_\_\_\_\_